BECEIVED CENTRAL FAX GENTER

MAY 1 8 2005

PTO/SE/87 (08-00)
Approved for use through 10/31/2002 OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number: 10/632,437

Filing Date: 8/1/2003

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

Signature Anna Hool

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fax Transmittal Fee Transmittal Information Disclosure Statement PTO-1449 Form

Case: MS1-1556U\$

Pages Submitted: 4

Please notify us immediately (509-324-9256) if there is a problem with the quality of this fax.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/58/17 (12-04)
Approved for use through 07/31/2006, OMB 0651-0032 rademark Office; U.S. DEPARTMENT OF COMMERCE

FOR PAYMENT (check all that sppty) Applicant claims small entity status. See 37 CFR 1.27 TOTAL ARXIOUNT OF PAYMENT (check all that sppty) Check Credit Card Money Order Nonc Other (please identify): Deposit Account Open Account Number 12-0759 Deposit Account Number 12-0759 D	linder the Papered	rk Reduction A	act of 1995	no cersons are mauire	ed to resi	pond to a collection	of inform	nation unbass	it displays a va	MB con	troi number
First Page 12005 First Named Inventor Laurent Mollicone Depart Amount of Payment (3) 0.00 Anti-arrent Mollicone Depart Amount of Payment (3) 0.00 Anti-arrent Mollicone Depart Amount of Payment (3) 0.00 Anti-arrent Mollicone Depart Amount Mollicone Depart Molli	FOLING AS 12/08/2004				11	Complete if Known					
Applicant claims small entity status. See 37 CFR 1.27 Attemet Name Examiner Name Examiner Name Examiner Name Art Unit 21/22 Attemet Name Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Lee & Hayes, PLLC	Fees pursuant to th	e Consolidate	Appropriati	003 ACL 2006 (H.R. + [\ []] [] [] []	n .	Application Numb	er		17		
Applicant claims small entity status. See 37 CFR 1.27 Attemet Name Examiner Name Examiner Name Examiner Name Art Unit 21/22 Attemet Name Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Te-70/99 Deposit Account Name Lee & Hayes, PLLC Deposit Account Deposit Account Name Lee & Hayes, PLLC	크르킥		7M2		╚╸╟	Filing Date					
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2122 Attempt Decited No. MS1 1956US		For I	FY 20	05	L	First Named Inve	ntor	Laurent N	Apllicane		
METHOD OF PAYRIENT (check all that apply)	A valiance etc	i	the etatus	See 37 CFR 1 27	— <u> </u>	Examiner Name					
Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 12-0769 Deposit Account Namer Lee & Hayes, PLLC Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		_							455516	-	
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 12-0769 Deposit Account Numb	TOTAL AMOUNT	OF PAYME	NT (\$)	0.00	<u></u> <u>_</u>	Attorney Docket I	No.	MS1	1556US		
Deposit Account Deposh Account Number 12-0769 Depost Account Name Lee & Hayes, PLLC For the above-Identified deposed account, the Director is hereby authorized to: (check all that apphy) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated betow, carcept for the filling fee Charge fee(s) indicated below Charge fee(s) indicated betow, carcept for the filling fee Charge fee(s) indicated betow, carcept for the filling fee Charge fee(s) indicated betow, carcept for the filling fee Charge fee(s) indicated betow, carcept for the filling fee Charge fee(s) indicated betow, carcept for the filling fee Charge fee(s) indicated betow, carcept for the filling fees WARRING: Entermotion on fill of them any become peblic, credit card Information obsuid not be included on state farm. Provide credit eard Information of beautiful any overpayments WARRING: EACH FEES FILING FEES FEALCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES FEALCH FEES Application Type Ge (s) Fee	METHOD OF P	AYRIENT (check all	that apply)	•						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy) Charge fee(s) indicated below Charge fee(s) indicated below, cxcept for she filting fee						Other (pl	easc ide	ntify):	Attaura B	116	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy) Charge engle(s) indicated below Charge fee(s) indicated below, oxcept for the filting fee	Deposit Ac	count Depo	ogit Account	Number: 12-0769	9 .	Deposit Acc	zount Na	ime:Lee	& Mayes, P	LLC	
Charge any additional fee(s) or underpayments of fee(s) Victable 27 CFR 1.18 and 1.17 Victable 28 CFR 1.18 and 1.17 Victa	For the ab	ove-Identifie	deposit a	ccount, the Director	r is here	by authorized to:	(check	all that ap	oly)		
Marie Mari	Che	ırge fee(s) in	dicated bel	OVA		Charge	100(S)	indicated t	etow, except	।।ନି ବର୍ମଧ ୀବ ୀ	ng fee
Result										o erodit cen	. -
SASIC FILING, SEARCH, AND EXARIMATION FEES FILING FEES SEARCH FEES SEARCH FEES Semall Entity Semal	Information and aut	inortzation an	PTO-2038.		=						
Simulation Types								<u>w</u>	-		
Simple and Sample	1. BASIC FILIN	g, searc	H, AND E	Xarination F	ees Sear	CH FEES	EXA	AOCTAMIN	FEES		_
Utility 300 150 500 250 200 100		20 -	S	mall Entity		Small Englise	E.a.			Form Pai	d (3)
Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissuc 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXGESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 50 25 Each independent claims Total Claims Total Claims Fee (5) Fee Paid (5) HP - highest number of total claims peid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entry Shreets Number of orach additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entry Shreets Number of orach additional 50 or fraction thereof. See 15 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (5) Fee Paid (6) Fee Paid (8) Fe	1	AUS		صدهد							
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 50 25 Multiple dependent claims Total Claims -20 or HP = x 50	11			•	-				-		
Reissuc 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Dencription Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 100 100 100 100 100 100 100 100 100	Design		7					_	_		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant								_		
2. EXCESS CLAIM FEES Fee Dencription Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Entra Claims Fee [3] Fee Pold [5] HP - highest number of total claims ped for, if greater than 20 Indep. Ckalms -3 or HP - x 200 = HP - x 200 = HP - highest number of independent claims ped for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Shreets Mumber of rach additional 50 or fraction thereof. 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement Registration No. 40309 Tolephone (509) 324-9256 Registration No. 40309 Tolephone (509) 324-9256	1			•							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 20 or, for Reissues, each independent claim more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Entra Claims Fee [5] Fee Paid [5] HP - highest number of total claims paid for, if greater than 20 Indep. Claims HP - highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Sheets Mumber of reach additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Sheets Mumber of reach additional 50 or fraction thereof from the additional 50 or fraction thateof fee [5] - 100 = /50 =			200	100	0	0	1	U	U -	95	mall Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100 Bach independent claims Total Claims Entra Ctalms Foo (5) HP = highest number of total claims peat for, it greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Sheets Entra Sheets Entra Sheets A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statemant Registration No. (Anomey/Agent) Registration No. (Anomey/Agent) Registration No. (Anomey/Agent)		aiw fees								Fee (8)	Err (S)
Multiple dependent claims Total Claims Entra Claims Feo (5) Feo Paid (5) HP = highest number of total claims paid for, if greater than 20 Inden. Claims Feo (5) Feo Paid (5) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Shreets Mumber of neph additional 50 or freetien thereof 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement Registration No. (Anomey/Agent) Registration No. (Anomey/Agent) Registration No. (Anomey/Agent) Anomey/Agent) Tolephone (509) 324-9256	Each claim over	20 or, for	Reissues,	each claim over	20 and	more than in th	e orig	inal paten	t		
Total Claims Entra Claims Foo (5) Fee Paid (5) HP - highest number of total claims paid for, if greater than 20 Indea. Claims Entra Claims Feo (3) Fee Paid (5) -3 or HP - x 200 = x			er 3 or, fo	r Reissues, each	indepe	ndent claim mo	re tha	n in the O	riginal paten	t 200 360	
-20 or HP =	11 .		4 A lalas	Eng (2)	Eee C	2ରୀଣ <i>(ଝା</i>	Raum	neoga ala	dent Claims	200	100
HP = highest number of tetal claims paid for, if greater then 20 Inden. Claims						mied Det				(8)	
-3 or HP = x 200 = HP = highest number of independent otatins paid for, it greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Sheets Mumber of Orach additional 50 or fraction thereof Fee (\$) -100 = /50 = (round up to a whole number) x =	HP - highest num	bor of total da	ims paid for,	If greater then 20	P 0	hazet eth)					ļ
HP a highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entra Shreets Number of Orach additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =			ria Ciaire		<u> </u>	280 (5)					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets											
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	3. APPLICATION SIZE FEE										
Total Sheets Entra Shreets Mumber of Orach additional 50 or wegten thereof PEO (5) - 100 =	If the specification and drawings exceed 100 spects of paper, the application size fee due is \$250 (\$125 for small others).										
- 100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (§) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement	Total Sheets Entra Shreets Mumbar of Orich additional 50 or frection thereon Pro (5)										
Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement SUBMITTED BY Registration No. (509) 324-9256 [Attorney/Agent]	Constant and the second										
Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement SUBMITTED BY Signature Registration No. 40309 Tolephone (509) 324-9256	(4, Ollish, Perio)										
SUBMITTED BY Signature Registration No. 40309 Tolephone (509) 324-9256 [Attorney/Agent)											
Signature Registration No. 40309 Tolephone (509) 324-9256	Other: Infor	mation Dis	dosure St	atement						0.00_	
Signature Registration No. 40309 Tolophone (509) 324-9256	QUANTITED BY					•					
(Attentional State)		1),	· Aa /	The same			4030	9	Telephone (509) 324-	9256
Name (Print/Type) David M. Huntley Date 5//8/2007		David M		, , , ,		Anorney/Agent)			Date 5	1/8/20	

PLL

This collection of information is required by 37 CFR 1.136. The information in required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to taxe 30 minutes to complete USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to taxe 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED CENTRAL FAX CENTER

IN THE UNITED STATES PATENT	AND TRADEMARK (DEFICE MAY 1820	105
IN THE INITED STATES PATENT	AND TRADEMARK	OFFICE MAI 1 8 20	JU;

Serial No.	10/632,437
Filing Date	8/1/2003
Confirmation No.	
Inventorship	Laurent Mollicone
A 11	Mucrosoff Comoration
Group Art Unit	2122
Evaminer	***************************************
Attorney's Docket No	MS1-1556US
Title: Conversion of Structured Documents	

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

REMARKS

The citations listed, copies attached, are submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

Respectfully Submitted,

Date: 5 18 205

By: David M. Huntley

Reg. No. 40309

υ.

6

7

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

PTO/SE/08A (08-03)
Approved for use through 07/31/2006. OMB 0861-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. DEPARTMENT OF U.S. DEPARTMENT OF COMMERCE
U.S. DEPARTMENT OF U.

ubstitute for form 1449A/PTO		G	Complete if Known			
		Application Number	10/632,437			
INFORMATION DISCLO	SURE	Filing Date	8/1/2003			
STATEMENT BY APPLI		First Named Inventor	Laurent Mollicons			
O'A'EMENT = '		Art Unit	2122			
(use as many sheets as necess	erv)	Examiner Name				
ineet 1 of	1	Attorney Docket Number	MS1-1556US			

	U.S. PATENT DOCUMENTS						
Examiner Initials	Cite No.1	Document Number Number-Kind Cods ² (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
		US- 6.583.514	5-13-2003	Samar			
		US-					
, , , , , , , , , , , , , , , , , , , ,		US-					
		US-					
		us-					
		US-					
		US-					
		US-					
		US-					
		US-					
		บร-					
,		บร-					
,		US-					
		US-					
		US-					
		US-					
		US-					
	-	US-					

	FOREIGN PATENT DOCUMENTS							
Examiner	Cite	Foreign Patent Document	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages	τ°		
Initials'	No."	Country Code ³ -Number ⁴ -Kind Code ⁶ (if known)	MM-DD-YYYY	Applicant of Cited Document	or Relevant Figures Appear			
					-			
					<u> </u>			
		<u> </u>	<u> </u>	L				

Examiner	Date	
Signature	Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through disation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.usplo.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible, 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.